LEADERSHIP SOMERSET COUNTY

Enrollment Form



Criteria to participate in Leadership Somerset County:

- 1. Required to attend opening retreat in September (2 days)
- 2. Attend a minimum of (8) monthly sessions (Total sessions in program (10)
- 3. Participate in the creation, organizing and implementation of a class project.

Personal Data				
Name	First	MI		
Badge Name:				
Home Address	City		State	Zip
Employer/Organization				
Your Current Job Title				
Business Address				
Address Street City		State		Zip
PhoneBusiness	Home (emerg	ency use only)		
Email address to which notices	should be sent:			
Sponsorship Information				
Sponsored by (Name):				
Employer0	Organization/Business	Self		Other
Sponsor Contact (Please Print)_				
Phone				
Community Involvement <i>Please list, in order of importan</i> <i>social, athletic, and other organ</i>				ess, religious,
Organization 1)		Position Held		Dates
2)				
3)				
4)				

5) _____

Briefly state any contributions or achievements in any of the above which you consider significant, and explain your role in these accomplishments

Leadership Goals

Briefly explain what you would like to accomplish during your leadership year and how you believe this program will meet those goals

Candidate and Sponsor/Employer Agreement

I agree to participant in Leadership Somerset County and understand that to graduate from the program and receive my certificate of completion I must participate in a **minimum of eight (8) meetings and in a team community project**. I also acknowledge that my employer will be informed of my attendance.

Candidate's Signature

Date

I support our candidate's participation in Leadership Somerset County.

Sponsor's Signature

Make Check Payable for \$1,000 to: Somerset County Foundation 601 N. Center Avenue, Somerset, PA 15501 The Somerset County Foundation is a 501(c)3 Corporation

For questions or additional information contact: The Somerset County Chamber of Commerce 814-445-6431 or info@somersetcountychamber.com

Date